

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	T.D.		6-23-00
O.I.P.E. CLASSIFIER	8		6-30-00
FORMALITY REVIEW	(L.E.K.T.)		
RESPONSE FORMALITY REVIEW			9-2-00

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral) Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

w/T

Claim	Date
Final	
Original	
18	
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1	✓ ✓ ✓ ✓
2	✓ ✓ ✓ ✓
3	✓ ✓ ✓ ✓
4	✓ ✓ ✓ ✓
5	✓ ✓ ✓ ✓
6	✓ ✓ ✓ ✓
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42	✓ ✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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